

206

(Department, bureau, or establishment)

(Give place and date)

Payee's Account No. ....

(Payee)

-----  
(Address)

(City)

(State)

		(Address)	(City)	(State)	UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	Cost	Per	Dollars	Cts.
		Discount Terms						
		Cost					291.	20
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>		Use continuation sheet(s) if necessary						
						Total	291.	20

**PAYMENT:**

Complete ☐

Partial ☐

Final ☐

Use continuation sheet(s) if necessary

Shipped from

to

Weight

Government B/L No.

Total

291.20

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

**(Sign original only)**

Date 3/28/58 \*Payee

Not required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for

(Signature or initials)

Contract No.

A-101

Date \_\_\_\_\_

Req. No.

Date \_\_\_\_\_

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

Title

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ {on Treasurer of the United States in favor of  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_ (Sign original only)  
payee named above.

\* When a voucher is prepared on account of the purchase of a commodity or service, the name of the person writing the company or corporate name, as well as the name of the person who must appear, as required, on the voucher, must appear in the space provided. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$.....", and over his official title.



Approved for Release 2000/04/14 : CIA-RDP86-00360R000600010117-6

Per \_\_\_\_\_  
Title \_\_\_\_\_

**Title**

## CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2065  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs applicable to All Systems  Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 3/17 thru 3/23/58  STATINTL  STATINTL Research & Development  Labor for Week Ending March 23, 1958  Overhead for Communications Division computed at interim rates as follows: Research & Development -   Total Labor and Overhead  G & A expense computed at interim rate of   Total Costs					<u>\$ 291.20</u>